## FORM D

# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

OMB Number: Washington, D.C. 20549

[FL]

OMB APPROVAL

Serial DATE RECEIVED

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FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (□ check if this is an amendment and name has changed, and indic ParkerVision, Inc.	cate change.) 1260032
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506	□ Section 4(6) □ ULOE
Type of Filing:   New Filing □ Amendment	~
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indica	te change.) ICON Textile Laser Systems, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256	Telephone Number (Including Area Code) 904-737-1367
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Electronic Consumer Items	PROCESSED
Type of Business Organization  © corporation  limited partnership, already formed  other (plead business trust  limited partnership, to be formed	ase specify): - MAR 2 5 2005 THOMSON
Actual or Estimated Date of Incorporation or Organization:  [ 10 ] [ 89 ]  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service above)	Actual □ Estimated    State

## **GENERAL INSTRUCTIONS**

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

CN for Canada; FN for foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	Α.	BA	SIC	IDENT	IFICAT	ION	DATA
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- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter General and/or Managing Partner ■ Beneficial Owner □ Director Full Name (Last name first, if individual) Jeffrey L. Parker Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) **Todd Parker** Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) William Hightower Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256 ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner Ø Executive Officer Director **David Sorrells** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256 General and/or Managing Partner Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer Full Name (Last name first, if individual) William Sammons Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256 ☐ General and/or Managing Partner Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director Full Name (Last name first, if individual) Papken S. Van Der Torossian Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256 General and/or Managing Partner Check Box(es) that Apply: □ Promoter □ Beneficial Owner Executive Officer □ Director Full Name (Last name first, if individual) Richard Kashnow Business or Residence Address (Number and Street, City, State, Zip Code) 8493 Baymeadows Way, Jacksonville, Florida 32256

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Check Box(es) that Apply: □ Promoter	□ Beneficial Owner	☐ Executive Off	icer ⊠ Dired	ctor 🗆 G Mar	ieneral and/or laging Partner
Full Name (Last name first, if individual)	John Metcalf	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address (Number a 8493 Baymeadows Way, Jacksonville, F		ip Code)			
Check Box(es) that Apply: □ Promoter	□ Beneficial Owner	□ Executive Offi	cer ⊠ Dire	ctor □ Gener Man	ral and/or aging Partner
Full Name (Last name first, if individual)	Nam P. Suh				<u> </u>
Business or Residence Address (Number a 8493 Baymeadows Way, Jacksonville, F		ip Code)			
Check Box(es) that Apply: □ Promoter	□ Beneficial Owner		cer □ Direc	tor □ G Man	eneral and/or aging Partner
Full Name (Last name first, if individual)	Cynthia L. Poehlmar	1	· · · · · · · · · · · · · · · · · · ·		<del></del>
Business or Residence Address (Number a 8493 Baymeadows Way, Jacksonville, F	•	ip Code)			
	B. INFORMATION	ABOUT OFFERIN	IG .		
<ol> <li>Has the issuer sold, or does the issuer</li></ol>	o in Appendix, Column 2 will be accepted from any p of a single unit? ach person who has been solicitation of purchaser d person or agent of a bit is or dealer. If more that the information for the control of t	, if filing under ULO v individual (but less en or will be paid s in connection with roker or dealer req on five (5) persons t that broker or de	DE. sser amounts may or given, directly th sales of securiti sistered with the S to be listed are as	or indirectly, ares in the offerin	. \$ 100,000 Yes No . Ø D
	ells Fargo Securities				
States in Which Person Listed Has Solicited (Check "All States" or check individual [AL] [AK] [AZ] [AR] [C] [IL] [IN] [IA] [KS] [K] [MT] [NE] [NV] [NH] [N] [RI] [SC] [SD] [TN] [T] [T] [Full Name (Last name first, if individual)  Business or Residence Address (Number a Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited (Check "All States" or check individual	d or Intends to Solicit Pu States)	[DE] [DC] [MD] [MA] [ND] [ND] [VA] [WA] [WA]	[FL] [GA] [MI] [MN] [OH] [OK] [WV] [WI]	[HI] [ID] [MS] [MO] [OR] [PA] [WY] [PR]	⊠ All States
[AL] [AK] [AZ] [AR] [C [IL] [IN] [IA] [KS] [K [MT] [NE] [NV] [NH] [N [RI] [SC] [SD] [TN] [T]	J] [NM] [NY]	[DE] [DC] [MD] [MA] [NC] [ND] [VA] [WA]	[FL] [GA] [MI] [MN] [OH] [OK] [WV] [WI]	[HI] [ID] [MS] [MO] [OR] [PA] [WY] [PR]	
Full Name (Last name first, if individual)					
Business or Residence Address (Number a	nd Street, City, State, Zi	p Code)			

	Name of Associated Broker or Dealer					
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)					All States
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [LA] [ME] [MD] [MA] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
	MT) NE NV NH NH NJ NM NY NC ND OH RI) SC SD TN TX UT VA WA WA WY	[OK] [WI]	ORI WY	[PA] [PR]		
	(Use blank sheet, or copy and use additional copies of this sheet, as neces	sary.)				
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF	PROC	EEDS	3	
1.	Enter the aggregate offering price of securities included in this offering and the total a Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, chindicate in the columns below the amounts of the securities offered for exchange and	amount a neck this already	already s box = exchang	old. and ged.		
	Type of Security	_	gregate ring Pric	e	Am	ount Already Sold
	Debt	\$			\$	
	Equity ⊠ Common □ Preferred	\$ 2	21,600,0	<u>00</u>	\$	21,600,000
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests	\$			\$	
	Other	\$			\$	
	Total	\$	21,600,	000	\$	21,600,000
2.	Enter the number of accredited and non-accredited investors who have purchased sect and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, of persons who have purchased securities and the aggregate dollar amount of their pulines. Enter ")" if answer is "none" or "zero."	indicate.	the num	ber		
			umber vestors		Do	Aggregate Illar Amount Purchases
	Accredited Investors			<u>56</u>	\$	21,600,000
	Non-accredited Investors			0	\$	0
	Total (for filings Under Rule 504 only)				\$	
3.	Answer also in Appendix, Column 4 if filing under ULOE  If this filing is for an offering Under Rule 504 or 505, enter the information requested for by the issuer, to date, in offerings of the types indicated, in the twelve (12) months presecurities in this offering. Classify securities by type listed in Part C - Question 1.	or all secor to the	curities s first sale	sold e of		
	Type of offering		ype of ecurity		Do	llar Amount Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504				\$	
	Total				\$	

4.	a. Furnish a statement of all expenses in connect this offering. Exclude amounts relating solely to o be given as subject to future contingencies. If the and check the box to the left of the estimate.	tion with the issuance and distribution organization expenses of the issuer. I amount of expenditure is not known,	n of the securities The information m furnish an estima	s in nay ate		
	Transfer Agent's Fees				\$	<u> </u>
	Printing and Engraving Costs				\$	
	Legal Fees			×	\$	20,000
	Accounting Fees			a :	\$	
	Blue sky fees			⊠ .	\$	2,500
	Sales Commissions (Specify finder's fees separ	rately)		0 :	\$	1,296,000
	Other Expenses (identify):			<b>-</b> :	\$	
	Total		• • • • • • • • • • • • • • • • • • • •	<b>-</b> :	\$	1,318,500
	b. Enter the difference between the aggregate Part C - Question 1 and total expenses furnishe 4.a. This difference is the "adjusted gross procedure."	d in response to Part C - Question		;	\$	20,281,500
5.	Indicate below the amount of the adjusted grosproposed to be used for each of the purposes shown is not known, furnish and estimate and check the total of the payments listed must equal the adjust forth in response to Part C - Question 4.b above	ed gross proceeds to the issuer set	Payments to Officers, Directors, & Affiliates		Pa	ayments To Others
	Salaries and fees		\$	<b>-</b> 9	<u>5</u>	
	Purchase of real estate		\$	o (	B	<u></u>
	Purchase, rental or leasing and installation of ma	achinery and equipment 🗅	\$	<b>-</b> 9	B	
	Construction or leasing of plant buildings and fa-	cilities a	\$	o 9	<b>5</b> _	
	Acquisitions of other businesses (including the offering that may be used in exchange for the asspursuant to a merger)	value of securities involved in this sets or securities of another issuer	\$		5	······
	Repayment of indebtedness		\$	<b>-</b> \$	S	
	Working capital	0	\$	⊠ {	<u></u>	20,281,500
	Other (specify)		\$	<b>-</b> \$	<u> </u>	
	Column Totals	0	\$	□ <u>§</u>	<u> </u>	
	Total Payments Listed (column totals added)		\$	9	<u> </u>	20,281,500
	D. F	EDERAL SIGNATURE				
505 Jpc	rissuer has duly caused this notice to be signed by , the following signature constitutes an undertaking in written request of its staff, the information furnished	g by the issuer to furnish to the U.S. S	securities and exc	hange	e Co	ommission.
	· · · · · · · · · · · · · · · · · · ·	Signature 00 00	Date			
	kerVision, Inc.	Chya margall	3/18 ,:	2005		<u> </u>
	· ' ' '	itle of Signer (Print or Type)				
Jin	dy Poehlman C	Chief Financial Officer				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### E. STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) ParkerVision, Inc.	Signature Ball	Date 3 18 , 2005
Name of Signer (Print or Type) Cindy Poehlman	Title (Print or Type) Chief Financial Officer	
-		

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			<del></del>	Α	PPENDIX				
1	Intend to sell to Non- Accredited Investors in State (Part B-Item 1)  Intend to sell Type of Security and Aggregate Offering Price Offered in State				4  Type of Investor and Amount Purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	Common Stock and Warrants \$2,175,000	7	290,000 Shares and 72,500 Warrants				Х
СО									
СТ									
DE									
DC									
FL.		x	Common Stock and Warrants \$350,000	1	46,666 Shares and 11,666 Warrants				
GA									
н									
ID							·		
<u>IL</u>									
IN									
IA	<u> </u>								
KS									
KY	<u> </u>					- · · · · · · · · · · · · · · · · · · ·			
LA				·				·	
ME									
MD			Common Stock and Warrants \$600,000	1	80,000 Shares and 20,000 Warrants				

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				Α	PPENDIX					
1	Intend to I Accre Inves St (Part	2 I to sell Non- edited tors in ate B-Item	3 Type of Security and Aggregate Offering Price Offered in State		4  Type of Investor and Amount Purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MA		x	Common Stock \$3,142,500	14	419,000 Shares and 104,750 Warrants				х	
MI										
MN										
MS	ļ									
МО	ļ	ļ		ļ					ļ	
MT	ļ	<del> </del>						A		
NE	<u> </u>									
NV	+									
NH		ļ								
NJ	<u> </u>									
NM	<u> </u>	ļ					ļ			
NY		X	Common Stock and Warrants \$8,375,000	10	1,116,666 Shares and 279,167 Warrants				Х	
NC										
ND										
ОН						•				
ОК										
OR									х	
PA		X	Common Stock and Warrants \$3,913,000	15	521,723 Shares and 130,430 Warrants				х	
RI	ļ									
sc	ļ							- <del></del>		
SD										
TN										

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				Α	PPENDIX					
1		2	3		4			5		
	Intend to sell to Non- Accredited Investors in State (Part B-Item 1)  Intend to sell Type of Security and Aggregate Offering Price Offered in State				Type of In Amount Purcl (Part C	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
тх		X	Common Stock and Warrants \$1,505,000	5	200,666 Shares and 50,167 Warrants				x	
UT		Х	Common Stock and Warrants \$39,600	1	5,280 Shares and 1,320 Warrants				х	
VT										
VA										
WA										
wv										
W		X	Common Stock and Warrants \$1,000,000	1	1,333,333 Shares and 33,333 Warrants				x	
WY										
PR										
FOREIGN		х	Common Stock and Warrants \$500,000	1	66,666 Shares and 16,666 Warrants				x	